

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

MULT 134712

WELL I.D. LABEL# L 137233
START CARD # 1047465
ORIGINAL LOG #

6/4/2020

(1) LAND OWNER

Owner Well I.D.
First Name PETER Last Name SCOTT
Company NORTHWEST FLORICULTURE
Address 10499 SHAMPOEG RD NE
City AURORA State OR Zip 97002

(2) TYPE OF WORK

[X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE

[X] Domestic [] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION

Depth of Completed Well 118.00 ft. Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 10, 0, 23, Bentonite, 0, 23, 16, S. Row 2: 6, 23, 118, Calculated, 10.5.

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other POURED SLOWLY & PR

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: [] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld. Row 1: [X], [], 6, [X], 2, 118, .250, [], [], [X], [].

Shoe [X] Inside [] Outside [] Other Location of shoe(s) 118

Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

(8) WELL TESTS: Minimum testing time is 1 hour

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 75, , 100, 1.

Temperature 56 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below) TDS amount 292 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County MULTNOMAH Twp 2.00 N N/S Range 1.00 W E/W WM

Sec 4 1/4 of the 1/4 Tax Lot 700

Tax Map Number Lot

Lat " or 45.68249888 DMS or DD

Long " or -122.80864821 DMS or DD

[X] Street address of well [] Nearest address

22141 NW REEDER ROAD PORTLAND, OR 97231

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 6/2/2020, , 14.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 90.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 6/2/2020, 90, 118, 75, , 14.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Rows: BROWN SILTY CLAY (0-22), GRAY SILTY CLAY (22-38), FINE GRAY SAND (38-74), GRAVEL & SAND (74-84), GRAVEL (84-118).

Date Started 6/1/2020 Completed 6/2/2020

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number Date

Signed

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1492 Date 6/4/2020

Signed MELVIN BIGSBY (E-filed) Michael Applebee #2023

Contact Info (optional) amended 6/22/20

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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6/4/2020

Map of Hole

